

Form PD 1102 Name: _____

PODIATRY EVALUATION & MANAGEMENT

*Check only if applicable:

HISTORY

Chief complaint:

History of Present Illness:

Location - feet L R B other:
Quality: aching throbbing discomfort radiating
Severity: mild moderate severe
Duration - days weeks months chronic
Frequency/Timing: always weightbearing nonweightbearing
occasionally with shoes
Modifying factors: palliative care helps
Assoc. signs & sx:

Review of Systems:

Constitutional: Cardiovascular:
Eyes: Neuropsych:
Endo:
Musculoskeletal:
Integumentary:

EXAMINATION:

Constitutional: General appearance: wellnourished malnourished other:

Psyche: - Mood & affect: alert calm agitated friendly nonresponsive

- Orientated to: time place person none

nonresponsive

<u>Cardiovascular:</u>	B	R	L
-dorsalis pedis	0 +1 +2 +3 +4	0 +1 +2 +3 +4	0 +1 +2 +3 +4
-post tibial	0 +1 +2 +3 +4	0 +1 +2 +3 +4	0 +1 +2 +3 +4
-edema	0 +1 +2 +3 +4	0 +1 +2 +3 +4	0 +1 +2 +3 +4
-varicosities	absent / present	absent / present	absent / present
-temperature	cold cool WNL warm	cold cool WNL warm	cold cool WNL warm
hair growth	absent diminished WNL	absent diminished WNL	absent diminished WNL

This form has been approved and recommended by the Commonwealth of Massachusetts Board of Registration in Podiatry. 7/28/98

Musculoskeletal

-**misalignments, masses etc.:** **bunion** B R L / **tailors bunion** B R L

hammertoe: R1 2 3 4 5 L1 2 3 4 5 **mallettoe:** R12345 L12345

-range of motion: WNL diminished hypermobile other:

-gait/station:	WNL	apropulsive	restricted	ambulation	nonambulatory
	pronated	other:			

-stability/dislocation:	dislocation at:	N/A
--------------------------------	-----------------	-----

-muscle strength/atrophy: WNL diminished flaccid paralysis

Dermatologic

-Inspection (rash, lesions, ulcers etc.)	clavi-HD/HM:	R 1 2 3 4 5	L 1 2 3 4 5	
	Heel callous:	R L	IPK:	R 1 2 3 4 5 L 1 2 3 4 5
	pinch clavus:	RH	LH	
	Met plantar callous:	R L		

-Palpation: thin/atrophic WNL induration nodules

-Nails:	nondystrophic:	all	R1 2 3 4 5	L1 2 3 4 5
	dystrophic:	all	R1 2 3 4 5	L1 2 3 4 5

Onychauxic and friable or lytic with nail plate thickness of 3 mm or greater:

All	R1	2	3	4	5	L1	2	3	4	5
-----	----	---	---	---	---	----	---	---	---	---

Is there marked limitation of ambulation due to onychauxia (ambulatory patient) or does the patient suffer pain resulting from the thickening and dystrophy of the nail plate? YES NO

ONYCHOGRYPHOSIS of: ALL R 1 2 3 4 5 L 1 2 3

Does the nail plate cause indentation of or minor laceration of the distal toe? YES NO

Does the Onychogryphosis cause this patient marked limitation of ambulation or pain? YES NO

Onychomycosis is clinically evident: R1 2 3 4 5 L1 2 3 4 5

Does the patient have **marked limitation of ambulation, pain or secondary infection** resulting from the thickened and infected nailplate? YES NO

Neurologic:

-DTRs:	WNL	Babinski	
-Sensorium:	(touch, pin, vibratory etc.)	WNL	other:

PLAN: _____

DIAGNOSES: 440 . 2 Arteriosclerosis Obliterans Peripheral
 735.0 Bunion 250.6 Diabetes - Polyneuropathy
 700.0 Clavus 735.4 Hammertoe
 754.71 Clawtoe 703.8 Onychodystrophy
 250.72 Diabetes PVD NIDDM 703.8 Painful Onychauxia
 250.01 " Type 1 (IDDM) 703.8 Painful Onychogryphosis
 250.02 " Type II (NIDDM) 110.1 Painful Onychomycosis
 727.1 Tailors Bunion

 Podiatrist signature

 Date

This form has been approved and recommended by the Commonwealth of Massachusetts Board of Registration in Podiatry. 7/28/98